



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1213

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Community Mental Health, Family Planning, Residential Care Facilities, ICF MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

DATE: January 18, 2013

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: March 4, 2013

1. **New Drug Prior Authorization (PA) Criteria-** The new drug PA criteria will become effective March 4, 2013. See all PA criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.
 - **Buprenorphine/Naloxone (Suboxone®):** Prior authorization is required for buprenorphine or buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial requests will be considered for up to 3 months. Requests for maintenance doses above 16mg per day will not be considered on a long-term basis. Concomitant use with opioids, tramadol and hypnotics will be prohibited. Benzodiazepines will be allowed up to a cumulative 30 days per 12 month period. Payment will be considered for patients when the following is met:
 - 1) Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND
 - 2) Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND
 - 3) Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND
 - 4) A projected treatment plan is provided, including:
 - Anticipated induction/stabilization dose,
 - Anticipated maintenance dose,
 - Expected frequency of office visits, and
 - Expected frequency of counseling/psychosocial therapy visits
 - 5) Requests for renewal must include:
 - An updated treatment plan, including consideration of a medical taper to the lowest effective dose based on a self-assessment scale,

- Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,
- Documentation of a current, negative drug screen,
- Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.

6) Requests for buprenorphine will only be considered for pregnant patients.

- **Mifepristone (Korlym®):** Prior authorization is required for mifepristone (Korlym®). Payment will be considered for patients when the following is met:
 - 1) The patient is 18 years of age or older; and
 - 2) Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and
 - 3) Patient must have failed surgery or is not a candidate for surgery; and
 - 4) Prescriber is an endocrinologist.
 - 5) Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.

2. Point of Sale (POS) Billing Issues:

- a. **Refill Tolerance:** The refill tolerance for all covered medications will increase from 85% to 90% effective March 4, 2013. The current claim will deny if less than 90% of the previously paid claim for that medication has not been used.
- b. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective March 4, 2013. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpd.com under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Alphagan P	15mL	30
Alprazolam 0.25mg Tablet	150	30
Alprazolam 0.5mg Tablet	150	30
Alprazolam 1mg Tablet	150	30
Alprazolam 2mg Tablet	150	30
Alprazolam Intensol 1mg/mL	180mL	30
Complera	30	30
Cosopt	10mL	30
Diazepam 2mg Tablet	120	30
Diazepam 5mg Tablet	120	30
Diazepam 10mg Tablet	120	30
Diazepam Intensol 5mg/mL	240mL	30
Diazepam Oral Solution 1mg/mL	1200mL	30
Edurant 25mg	30	30
EMLA	30 grams	30

Drug Product	Quantity	Days Supply
Glimepiride 4mg	60	30
Korlym	120	30
Latanoprost	5mL	30
Lorazepam 0.5mg Tablet	150	30
Lorazepam 1mg Tablet	150	30
Lorazepam 2mg Tablet	150	30
Lorazepam Intensol 2mg/mL	150mL	30
Mupirocin Ointment	44 grams	30
Oxazepam 10mg Capsule	120	30
Oxazepam 15mg Capsule	120	30
Oxazepam 30mg Capsule	120	30
Stribild	30	30
Timolol Ophthalmic Solution 0.25%	15mL	30
Timolol Ophthalmic Solution 0.5%	15mL	30
Timolol Gel Forming Ophthalmic Solution 0.25%	15mL	30
Timolol Gel Forming Ophthalmic Solution 0.5%	15mL	30
Transderm Scop 1.5mg	10	30
Travatan Z	5mL	30
Vigamox	6mL	30

We encourage providers to visit the website www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or by email at info@iowamedicaidpdl.com.